

FIRST REGULAR SESSION

HOUSE BILL NO. 262

98TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE FREDERICK.

0929L.01I

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to the treatment of eating disorders.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be known as section 376.845, to read as follows:

376.845. 1. For the purposes of this section, the following terms shall mean:

- (1) "Eating disorder", anorexia nervosa, bulimia nervosa, binge eating disorder, eating disorders not otherwise specified, and any other severe eating disorder contained in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association;
- (2) "Health benefit plan", the same meaning as such term is defined in section 376.1350; however, for purposes of this section, "health benefit plan" does not include a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term major medical policy of six months or less duration, or any other supplemental policy;
- (3) "Health carrier", the same meaning as such term is defined in section 376.1350;
- (4) "Medical care", health care services needed to diagnose, prevent, treat, cure, or relieve physical manifestations of an eating disorder, and shall include inpatient hospitalization, partial hospitalization, residential care, intensive outpatient treatment, follow-up outpatient care and counseling;

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

17 (5) "Nutritional care", counseling and consultation services provided by a licensed
18 and registered dietitian;

19 (6) "Pharmacy care", counseling and consultation services provided by a licensed
20 and registered dietitian. Pharmacy care includes medications used to address symptoms
21 of an eating disorder prescribed by a licensed physician and any health-related services
22 deemed medically necessary to determine the need or effectiveness of the medications, but
23 only to the extent that such medications are included in the insured's health benefit plan;

24 (7) "Psychiatric care", direct or consultative services provided by a psychiatrist
25 licensed in the state in which the psychiatrist practices, and shall include inpatient
26 hospitalization, partial hospitalization, residential care, intensive outpatient treatment,
27 follow-up outpatient care and counseling;

28 (8) "Therapy", behavioral interventions provided by a therapist licensed in the
29 state in which the therapist practices;

30 (9) "Treatment of eating disorders", care prescribed or ordered for an individual
31 diagnosed with an eating disorder by a licensed physician, psychologist, psychiatrist, or
32 therapist in accordance with authority granted under such licensed physician's,
33 psychologist's, psychiatrist's, or therapist's license, including but not limited to:

34 (a) Medical care;

35 (b) Psychological care;

36 (c) Psychiatric care;

37 (d) Nutritional care;

38 (e) Therapy;

39 (f) Pharmacy care.

40 2. In accordance with the provisions of section 376.1550, all health benefit plans
41 that are delivered, issued for delivery, continued or renewed, if written inside the state of
42 Missouri, or written outside the state of Missouri but covering Missouri residents, shall
43 provide coverage for the diagnosis and treatment of eating disorders as required in section
44 376.1550.

45 3. (1) Coverage provided under this section is limited to medically necessary
46 treatment that is ordered by a licensed treating physician, psychologist, psychiatrist, or
47 therapist in accordance with authority granted under such licensed physician's,
48 psychologist's, psychiatrist's, or therapist's license and in accordance with a treatment
49 plan.

50 (2) The treatment plan, upon request by the health benefit plan or health carrier,
51 shall include all elements necessary for the health benefit plan or health carrier to pay

52 claims. Such elements shall include but not be limited to a diagnosis, proposed treatment
53 by type, frequency and duration of treatment, and goals.

54 (3) If the individual is receiving treatment for an eating disorder, a health carrier
55 shall have the right to review the treatment plan not more than once every six months
56 unless the health carrier and the individual's treating physician, psychologist, psychiatrist,
57 or therapist agree that a more frequent review is necessary. Any such agreement regarding
58 the right to review a treatment plan more frequently shall only apply to a particular
59 individual being treated for an eating disorder and shall not apply to all individuals being
60 treated for eating disorders by a provider. The cost of obtaining any review or treatment
61 plan shall be borne by the health benefit plan or health carrier, as applicable.

62 (4) Coverage provided under this section shall not be subject to any limits on the
63 number of days of medically necessary treatment, except as provided in the treatment plan.

64 4. The provisions of sections 376.1350 to 376.1399 shall apply to this section.
65 Medical necessity determinations for treatment of eating disorders shall not be based solely
66 upon a patient's weight or weight level. Medical necessity determinations shall consider
67 the overall medical and psychological needs of the individual with an eating disorder.
68 Coverage shall include integrated modalities of the various types of treatments of eating
69 disorders, as defined in this section, when such treatment is deemed medically or
70 psychiatrically necessary by the patient's licensed physician, psychologist, psychiatrist, or
71 therapist in accordance with the Practice Guidelines for the Treatment of Patients with
72 Eating Disorders adopted by the American Psychiatric Association.

73 5. (1) By June 1, 2017, and every June first thereafter until 2022, the department
74 of insurance, financial institutions and professional registration shall submit a report to
75 the general assembly regarding the implementation of the coverage required under this
76 section. The report shall include, but not be limited to, the following:

77 (a) The total number of insureds diagnosed with an eating disorder;

78 (b) The total cost of all claims paid out in the immediately preceding calendar year
79 for coverage required by this section;

80 (c) The cost of such coverage per insured per month; and

81 (d) The average cost per insured for coverage of eating disorders;

82 (2) All health carriers and health benefit plans subject to the provisions of this
83 section shall provide the department with the data requested by the department for
84 inclusion in the annual report.

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